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CONFIRMATION NO. 2529

Bib Data Sheet

SERIAL NUMBER 10/673,833	FILING DATE 09/29/2003  RULE	CLASS 606	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. 39262/287702
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *None P.R.*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None P.R.*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/02/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>P.R.</i>	TN	DRAWING 15	30	4
Verified and Acknowledged	Examiner's Signature <i>P.R.</i>	Initials			

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## TITLE

Bone plates and bone plate assemblies

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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